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The Mad Professor

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The Mad Professor

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This is a new and somewhat disconcerting experience for me. My last publication was on heart surgery. It was an orderly article, split into sections, starting with an introduction and ending with references. It was written mainly in the third person, and whilst there might have been the occasional “we”, there would never be an “I” or a “me”. You see: I am an academic, a full-time lecturer in cardiac physiology and I have schizoaffective disorder.

I had a conventional and uneventful childhood, went to college and gained a first class Honours degree, not through any great intelligence but through sheer hard work. I completed my PhD in 1996 shortly after moving to Bristol where I would spend the next decade. Sure, there was uncontrollable spending sprees and occasional periods of excitement where I would work all night. Knowing what I know now I also believe I had a bout of depression during some back problems and an overdose but there was no psychosis. No sign of what was to come later. In 2006 I left the UK and headed for Brunei Darussalem. The next three years were a happy adventure. Work was challenging and enjoyable and the jungle was exciting and ripe for exploration. I even considered writing a walk book of my favourite treks. However after 3 years and hungry for yet more thrills I headed for Australia.

My first 2-3 years in Australia were very satisfying and certain of myself and my capabilities I began to take on more and more work. Soon I was sleeping 6 nights a week and working throughout the 7th. Unfortunately also about this time my polycystic ovarian syndrome (PCOS) raised its ugly head and it took time to have this diagnosed and to find a sympathetic gynaecologist. With all this in the background, I headed back to Brunei for a few days to continue some project work. In hindsight, this was a poor decision having been diagnosed with depression a couple of weeks earlier. But it's easy to look back now, at the time I was convinced this was a sensible move. Once in Brunei during the day I worked hard on the Brunei project and in the evening I went back to my lodgings and worked on my Australian administration. When I returned to Australia I had an idea that upon sharing didn't quite

get the response I had hoped for. I could not cope with the difference in attitude between Australia and Brunei and took a massive overdose of paracetamol and venlafaxine. I don't remember much, only being very sick and having the worst imaginable headache (certainly worse than the migraines I was getting). I didn't go to hospital.

I think by this time my colleagues were aware that all was not right. Initially they tried to help by reducing my workload but I didn't see it as such and rather unwisely started to fight with my line-manager by email. In the end he wisely suggested I see my GP. I was signed off for 2 weeks with major depression. I came back to work but I struggled. I had the impression my colleagues were constantly talking about me behind my back. I had outbursts at work and sent further unwise emails, one of which particularly upset a colleague. I was reprimanded during which it was indirectly suggested that I could not cope with academic life. I found this very upsetting and my struggles intensified. I found myself unable to speak to certain colleagues and the outbursts became worse. Then came an opportunity to redeem myself, or so I thought. A chance to enthuse other colleagues perhaps culminating in a joint grant application. But it all went horribly wrong and in distress at the outcome I resigned. I immediately went to see a friend and colleague who sent me to my GP. The GP sent me to the local hospital, where I was admitted to the mental health unit. One day later I saw the psychiatrist who diagnosed bipolar II. I was signed off work for 2 weeks.

I did try to rescind my resignation but was told it was not in the interests of either my department or the university. I took the remainder of my time at the university off as holiday and began to make job applications. I officially left the university at the end of 2013. I should then have sought out unemployment benefit but didn't. I started to get some interviews and indeed was successful in one application, but the job was later cancelled. By March 2014 I had run out of money, literally down to the last \$300 left in my purse and had long since lost the ability to pay my mortgage. During January to March I became convinced that people were following me around and talking about me. One voice would

condemn me for my behaviour and another would be forgiving and say but she was ill. I told no-one about this but was absolutely convinced about the followers' presence.

Some-time during that March I had 2 paid for trips: the first to another part of Australia for an interview, the second to examine an MSc thesis in the United Arab Emirates (UAE). At this point I have to explain the part unwittingly played by a former colleague. I don't like doing this for she was kind and had helped me, but she is essential to my history. I believed this former colleague had gone for the same job as me, had mucked up the interview and was talking about it within my hearing on the train back to the airport. I then took the flight to UAE. I believed this colleague was on the same flight, where she became upset and incontinent on board. Short of money and with a sore back I left my hotel room for a walk and simply went and found an alcove, where I cried and cried. All the time pursued by the castigating and consoling voices. On the return flight to Australia I believed I heard my former colleague's husband telling one of my friends that the former colleague had committed suicide.

Upon my return to Australia I went straight to my GP about my back. For the first time I relayed the story of people following me to the UAE and commenting on my behaviour. She was obviously concerned and prescribed some sleeping tablets to help me with jet-lag. I saw my clinical psychiatrist a couple of days later and told her everything. She did some background checking and discovered my former colleague was alive and well. I received a telephone call, from whom I don't know, but I told them the exact same thing, my former colleague had committed suicide. She corrected me and said would I mind if someone came to call. A short while later the psychiatric nurse arrived, listened to my stories of being followed about and talked about. The nurse drove me back to the mental health unit, where I received a new diagnosis of schizoaffective disorder and was started on anti-psychotics. I have nothing but praise for my Australian GP, Australian Clinical Psychiatrist and the mental health unit at Armidale public hospital.

Six months later I successfully applied for the job I hold now and moved back to England. My first 3 months back in England were incredibly hard. I was extremely anxious about how quickly I would fall ill and ruin my job. Would it all happen again? Could I really cope with academia? I found the work, which was at a greater depth than I was used to, very hard and I was constantly tired. Not ordinarily tired, but exhausted. I steered clear of any responsibility and just tried to manage. I studied meditation and mindfulness but these just led to rumination, although I do enjoy colouring. Somehow I managed, gradually life became easier and I have taken on some responsibility. I have now been in remission for 4 years and have been discharged from the local psychiatry service.

No-one in my immediate family has any mental health problems, although my grand-mother's mother was said to be a difficult woman who occasionally had to "go away." Instead, I firmly believe that overwork and work pressures accompanied by PCOS initiated the first signs of my mental health problems. These were then exacerbated further by the stress of unemployment, running out of money and the perceived threat of repossession of my house. Therefore, there are two points that I'd like to conclude with. The first is to emphasise the importance of stressors in the development of mental health problems. The second is that it is possible to manage a fulltime stressful career with a serious mental health condition.